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November 18, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar Caudal ESI

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Pain Management Physician

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

x Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured on xx/xx/xx. The patient was putting a rod cap on a machine; he was positioned awkwardly and when he tried using his legs for support, he felt a pop in his lower back.

On, evaluated the patient for low back pain that was rated 6-7/10. He had some tingling in the left leg. Examination of the lumbar spine showed decreased range of motion (ROM) in all planes, spasms along the paraspinal muscles bilaterally and a positive sitting straight leg raising (SLR) bilaterally. X-rays of the lumbar spine were negative for fracture or dislocation. The diagnosis was bilateral lumbar sprain. Naprosyn and Flexeril were prescribed. He was provided a lumbar support and was recommended PT.

On, the patient reported his left leg pain was worsening as well as numbness of the toes. He reported a pain level of 7. ROM had decreased and numbness/tingling had increased. Naprosyn and Flexeril were continued and the patient was advised to continue PT.

A magnetic resonance imaging (MRI) of the lumbar spine on, demonstrated no evidence of disc protrusion or spinal stenosis, no evidence of spondylolysis or spondylolisthesis, increased signal intensity in the interspinous region, which may be secondary to ligamentous injury and/or inflammation.

On, reviewed the lumbar MRI study and indicated the findings were not compatible with clinical symptoms. A referral was given to neurosurgery for persistent low back pain with left leg radiculopathy.

According to PT notes, the patient was treated with manual therapy, therapeutic exercises and neuromuscular re-education.

On recommended continuing PT and OTC medications as needed.

Per PT note dated, the patient was advised to continue PT for increasing ROM and strength to promote functional mobility.

On evaluated the patient for low back pain and left leg pain. The patient stated pain was worse at night and would wake him from sleep. Sitting, standing, walking and prolonged physical activity increased his pain. Physical therapy (PT) in the past made him worse. On examination, there was significant spinal tenderness in the paraspinal muscles, a positive straight leg raising (SLR) on the left. Range of motion (ROM) was good to flexion, extension, side bending and rotation. Spinal motion was painful. The diagnosis was low back pain. the patient was prescribed Ultracet, Zanaflex, Celebrex and Medrol Dosepak.

On, the request for caudal ESI at L5-S1 was non-authorized. Rationale: *"This injured worker has no neural compression/HNP/stenosis seen on MRI. Guidelines require imaging corroboration for ESI. The requested caudal ESI is not medically necessary per ODG guidelines in this injured worker. Recommend non-certification for caudal lumbar ESI."*

On, the appeal for caudal ESI at L5-S1 was non-authorized with the following rationale: *"This claimant is noted to have low back pain with leg pain on the left. He notes numbness and tingling with weakness. However, the exam reveals intact sensation and strength. The MRI does not corroborate radiculopathy. Therefore, this request is not medically reasonable and necessary, at this time."*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

According to the ODG, the criteria for the use of Epidural steroid injection must include: radiculopathy (due to nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on exam are present, i.e. positive straight leg raise. Radiculopathy must be corroborated

with imaging studies and/or electrodiagnostic studies.
The patient's Magnetic resonance imaging (MRI) of the lumbar spine on, demonstrated no evidence of disc protrusion or spinal stenosis, no evidence of spondylolysis or spondylolisthesis, increased signal intensity in the interspinous region, which may be secondary to ligamentous injury and/or inflammation.
No electrodiagnostic studies are available for review.
There is no corroboration between MRI findings and physical findings. Thus, the request for caudal epidural steroid injection cannot be certified and the adverse determination is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES